

FRATERNAL SOCIETIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2004

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	3	1	1	3/1	NAIC	H(a), I, J, K
	1.1	Printed Investment Schedule detail (Pages E01-E25)	1	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	3	1	1	5/15, 8/15, 11/15	NAIC	H(a), I, J, K
	3	Separate Accounts Annual Statement (8 1/2"x 14")	3	1	1	3/1	NAIC	
	4.1	State Page – Grand Total Page	3	1	1	3/1	NAIC	K
	4.2	State Page – Missouri Business	3	1	1	3/1	NAIC	K
	4.3	State Page – Business written in each of the other states	1	1	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	1	1	4/1	NAIC	
	11	Interest Sensitive Life Insurance Products Report	1	1	xxx	4/1	NAIC	
	12	Investment Risk Interrogatories	1	1	1	4/1	NAIC	K
	13	Long Term Care Experience Reporting Forms	1	1	xxx	4/1	NAIC	
	14	Management Discussion & Analysis	2	1	1	4/1	Company	K
	15	Medicare Supplement Insurance Experience Exhibit	1	1	xxx	3/1	NAIC	
	16	Risk-Based Capital Report	xxx	1	xxx	3/1	NAIC	K
	17	Statement of Actuarial Opinion	3	1	3	3/1	Company	K
	18	Statement on non-guaranteed elements – Exhibit 5 Interr. #3	3	1	1	3/1	Company	
	19	Statement on participating/non-participating policies – Exhibit 5, Interr. #1	3	1	1	3/1		
	20	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K
	21	Supplement to Valuation Report	1	1	1	6/30	NAIC	
	22	SVO Compliance Certification	3	1	1	3/1, 5/15, 8/15, 11/15	NAIC	K
	23	Trusted Surplus Statement	3	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Separate Accounts Electronic Filing	xxx	1	xxx	3/1	NAIC	
	33	Separate Accounts .PDF Filing	xxx	1	xxx	3/1	NAIC	
	34	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	35	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	36	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15 & 11/15	NAIC	
	37	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15 & 11/15		
	38	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	1	6/1	Company	K
	52	Audited Financial Statements	2	1	1	6/1	Company	K
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	2	N/A	N/A	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	6/1	Company	N
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	xxx	xxx	1	3/1	State	
	102	Certificate of Deposit	xxx	xxx	1	3/1	State	
	103	Certificate of Valuation	1	xxx	1	3/1	State	
	104	Filings Checklist (with Column 1 completed)	1	1	1		State	
	105	Premium tax	1	xxx	1	3/1	State	K
	106	State Filing Fees		xxx		7/1	State	
	107	Affidavit of Filing	0	xxx	0	3/1	State	
	108	Application for renewal of CofA	1	xxx	1	3/1	State	K
	109	Updated Biographical Affidavits	1	xxx	xxx	3/1	Company	
	110	EDP Listing	1	xxx	xxx	3/1	Company	K, L, O
	111	Basket Clause	1	xxx	xxx	3/1	State	K, Q
	112	Affidavit of Stock Ownership – Statement indicating % of stock ownership (pursuant to 376.300.2(3) and 376.305.2	1	xxx	xxx	3/1	Company	K, R

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.